U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

E (MAY - 2006)	EFULLY BEFORE PREPARING THIS REPORT.
1. File Number U - 674)	2. Fiscal Year Covered From:  1
3. Name and address of person filing.	Name, file number, and address of labor organization.
Name William L Richards	Name I U of Elevator Constructors
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any PO Box 0429
	<u> </u>
Street 10666 Scotts Corners Rd.	Street
City Diamond	City Akron
State   Ohio   ZIP Code + 4   44412	State Ohio ZIP Code + 4 44309-0429
Business Representative  Enter appropriate data below if, during the past fiscal year, you or you	or spouse or minor child directly or indirectly had any of the following interests exclusions set forth in the instructions):
Enter appropriate data below if, during the past fiscal year, you or you	exclusions set forth in the instructions):  h, or derived income or other economic benefit of
Enter appropriate data below if, during the past fiscal year, you or you (except as specified in the  A. Held an interest in, engaged in transactions (including loans) with monetary value from an employer whose employees your organ	exclusions set forth in the instructions):  h, or derived income or other economic benefit of
Enter appropriate data below if, during the past fiscal year, you or you (except as specified in the	exclusions set forth in the instructions):  h, or derived income or other economic benefit of eization represents or is actively seeking to represent.
Enter appropriate data below if, during the past fiscal year, you or your (except as specified in the  A. Held an interest in, engaged in transactions (including loans) with monetary value from an employer whose employees your organ 6. Name and address of Employer (including trade name, if any).	h, or derived income or other economic benefit of nization represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.
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Telephone Number

Date

Name of Person Filing William Richards		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	wise dealing with the busines: ively seeking to represent, or directly to, or otherwise	s	
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name National Elev. Ind. Education Program			
Trade Name, if any: NEIEP	a. Labor Organiza	ation	
P.O. Box, Bldg., Room No., if any	b. Trust		
Street 11 Larsen Way	c. Employer		
City Attleboro Falls			
State Maine ZIP Code + 4 02763			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deal	ling.	
Name	See Attached		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City	11.b. Approximate dollar value 12.a. Nature of interest hel		\$960
State ZIP Code + 4			
	12.b, Amount,	#44 \$11 t	
C Provinced Assessment of the	and Date of		
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name	N/A		
Trade Name, if any:			
P.O. Box, Bidg., Room No., if any			
Street	21		
City			
State ZIP Code + 4			The state of the s
LR CORD 1.4	14 h Amount of novement		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

08/09/2005 15:59 6103530700 FAGE 92/02

## LM-30 Attachment

Name: Ending date of report period: 12/31/05

LM-30 File Number:

LM-30 Item Number

Per direction provided by U.S. DOL OLMS, Part B includes reporting of transaction(s) including reimbursement of valid expenses by a trust in which the labor organization is interested as though the trust was a business. This guidance provides a trust's dealings with a labor organization include the trust's receiving contributions from employers obligated to fund the trust per collective bargaining agreements negotiated by the labor organization. While the guidance is unclear, other transactions may be deemed to constitute dealings with the labor organization, trusts, or employers reportable in 11b. Accordingly, no amount is reported in 11b.

Visit the IRS Website Safe, accurate FASTI Use Employee Reference Copy Wage and Tax Statement Copy C for employee's records. Corp. Employer use only 045004 46/AFQ 045300 EIC

Employer's name, address, and ZIP code NATIONAL ELEVATOR INDUSTRY 11 LARSEN WAY ATTLEBORO FALLS MA 02763

Batch #00812

e/f Employee's name, address, and ZIP code WILLIAM L. RICHARDS CORNERS RD 10666 SCOTTS DIAMOND, OH 44412 d Employee's SSA number 286-46-8141 b Employer's FED ID number 23-6421955 Wages, tips, other comp. Federal income tax withheld 960.00 3 Social security wages 4 Social security tax withheld 960.00 59.5<u>2</u> Medicare wages and tips Medicare tax withheld 960.00 B Allocated tips Social security tips 9 Advance EIC payment 10 Dependent care benefits 12a See instructions for box 12 11 Nonqualified plans 14 Other 13 Stat emp Ret. plan 3rd party sick pay 15 State Employer's state ID no. 16 State wages, tips, etc. OH 52-2181122 96 960.00 18 Local wages, tips, etc. 17 State income tax 19 Local income tax 20 Locality name

## 2005 W-2 and EARNINGS SUMMARY



6.43

This blue Earnings Summary section is included with your W-2 to help describe portions in more detail.

The reverse side inc	ludes general inforn	nation that you ma	y also find helpful.	
1. The following info	ormation reflects your	final 2005 pay stub p	olus any adjustments su	ibmitted by your employer.

Social Security Gross Pay 960.00 Tax Withheld

Box 4 of W-2

OH. State Income Tax

Box 17 of W-2

SUI/SDI Box 14 of W-2

Medicare Tax Fed. Income Tax Withheld Withheld Box 2 of W-2 Box 6 of W-2

2. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

Social Security OH. State Wages, Medicare Wages, Tips, other Wages Wages Compensation Tips, Etc. Box 1 of W-2 Box 3 of W-2 Box 5 of W-2 Box 16 of W-2

13.92

960.00 960.00 960.00 960.00 Gross Pay Reported W-2 Wages 960.00 960.00 960.00 960.00

3. Employee W-4 Profile. To change your Employee W-4 Profile Information, file a new W-4 with your payroll dept.

WILLIAM L. RICHARDS

CORNERS RD **10666 SCOTTS** DIAMOND, OH 44412

2 Federal income tax withheld

Social Security Number: 286-46-8141 Taxable Marital Status: MARRIED

Exemptions/Allowances:

FEDERAL: 1 STATE:

C 2005 AUTOMATIC DATA PROCESSING, INC. Fold and Detach Here -

1	Wages, tips, other	comp. 960.00	2 Feder	inco	me tax v	vithheld	1 Wage	ss, tips, other	r comp. 960 , 00
3	Social security wa	ges 960.00	4 Socia	secu	ity tax w	ithheld 59.52	3 Soci	al security wa	ages 960.00
5	Medicare wages a	nd tips 960,00	6 Medic	are tax	withhel	d 13,92	5 Medi	care wages a	and tips 960.00
а	Control number	Dept	Carp.	En	ployer u	se only	a Cont	rol number	Dept
04	15004 46/AFQ	045300		A	EIC	447	045004	46/AFQ	04530
c	Employer's name	, address, a	nd ZIP co	de			c Empl	oyer's name	, address,
	NATIONAL ELEVATOR							NATIONA	

INDUSTRY 11 LARSEN WAY ATTLEBORO FALLS MA 02763

b Employer's FED ID number 23 - 6421955	d Employee's SSA number 286-46-8141			
7 Social security tips	8 Allocated tips			
9 Advance EIC payment	10 Dependent care benefits			
11 Nonqualified plans	12a See instructions for box 12			
14 Other	12b			
	12c			
	12d			
	13 Stat emp. Ret. plan 3rd party sick pay			
e/f Employee's name, address	and ZIP code			

WILLIAM L. RICHARDS

CORNERS RD **10666 SCOTTS** DIAMOND, OH 44412

	52-2181122		16 State wages, tips, etc. 960.00
17 State	income tax	6.43	18 Local wages, tips, etc.
19 Loca	l income tax		20 Locality name

Federal Filing Copy Wage and Tax Statement Cupy () to be filed with employee's Federal Income Tax Heturn.

]   wages, ups, ou	960.00		ir income i			
3 Social security	3 Social security wages 960,00			4 Social security tax withheld 59.52		
5 Medicare wages	5 Medicare wages and tips 960.00		6 Medicare tax withheld 13.92			
a Control number	a Control number Dept.		Employ	er use on	y	
045004 46/AFC	045300	·	A E	IC 44	17	
⊂ Employer's nam	ie, address, at	nd ZIP cod	e			
INDUST 11 LAF	NATIONAL ELEN INDUSTRY 11 LARSEN WA ATTLEBORO FA			<b>7</b> 63		
b Employer's FEC 23 - 642	ID number 1955	d Employ	yee's SSA 286 - 46 -	number 8141		
7 Social security	tipa	8 Alloca	ted tips			
9 Advance EIC pe	9 Advance EIC payment		10 Dependent care benefits			
11 Nonqualified pl			12a			
t4 Other		126				
		12c				
i   				3rtl party si	ck pay	
eft Employee's nar	nd ZIP cod	le l				
WILLIAM L.	RICHAR	os			j	
CORNERS R					Į	
10666 SCOT	TS					
DIAMOND,O	44412				ļ	
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17 State income ta	× 6,43	18 Local wages, tips, etc.				
19 Local Income to		20 Locali	ty name			
∤он	State R	eferen	ce Co	va		
	Wage a	nd Ta:	× 20	00.	5	

9	2 Federal income tax with					
	4	Social	secur		thheld 59.52	
Medicare wages and tips 960.00			Medic	ore tax		3.92
Control number	Γ	Corp.	Éπ	ployer u	se only	
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	Medicare wages a Control number 5004 46/AFQ	960 . 00  Control number Dept.  5004 46/AFQ 045300	960.00  Medicare wages and tips 960.00  Control number Dept. 5004 46/AFQ 045300	960.00  Medicare wages and tips 960.00  Control number Dept. Corp. 5004 46/AFQ 045300	960.00  Medicare wages and tips 960.00  Control number Dept. Corp. Em	960.00

Employer's name, address, and ZIP code NATIONAL ELEVATOR INDUSTRY

11 LARSEN WAY ATTLEBORO FALLS MA 02763

b	Employer's FED ID number 23-6421955	d Employee's SSA number 286 - 46 - 8141		
7	Social security tips	8 Allocated tips		
9	Advance EIC payment	10 Dependent care benefits		
11	Nonqualified plans	12#		
14	Other	12Ь		
		120		
		12d		
		13 Stat emp. Ret. plan 3rd party sick p		

e/f Employee's name, address and ZIP code

WILLIAM L. RICHARDS CORNERS RD **10666 SCOTTS** DIAMOND, OH 44412

		Employer's state ID no. 52 - 2181122	16	State wages, tips, etc. 960 . 00
17	State	income tax	18	Local wages, tips, etc.
		6.43	1	
20		! <b>\-</b>	20	1 tib

OH.State Filing Copy

Wage and Tax Statement Copy 2 to be filed with employee's State income Tax Return